



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Lui		Michael	M.F.	202-484-4884
MAILING ADDRESS (Street)				FAX
412 First Street, S. E. Suite 100				202-484-7016
(City)		(State)	(Zip Code)	
Washington		DC	20003	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
Dutko Worldwide, Inc.				202-484-4884
MAILING ADDRESS (Street)				FAX
412 First Street, S. E. Suite 100				202-484-0109
(City)		(State)	(Zip Code)	
Washington		DC	20003	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
ANC Liquidating Trust			954-320-6000
MAILING ADDRESS (Street)			FAX
450 Las Olas Boulevard			954-320-4146
(City)		(State)	(Zip Code)
Fort Lauderdale		FL	33301
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
John Chapman			954-320-6000
MAILING ADDRESS (Street)			FAX
450 Las Olas Boulevard			954-320-4146
(City)		(State)	(Zip Code)
Fort Lauderdale		FL	33301

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & XX Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	XX Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below) Tax
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>Michael H. A. Chin</u> (Signature of Lobbyist)	<u>5/4/05</u> (Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
John Chapman		Authorized Signator Associate Trustee	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
ANC Liquidating Trust		954-320-6000	
MAILING ADDRESS (Street)		FAX	
450 Las Olas Boulevard		954-320-4146	
(City)	(State)	(Zip Code)	
Fort Lauderdale	FL	33301	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>John Chapman</u> (Signature of Authorizing Officer or Person Represented)		<u>5/12/2005</u> (Date)	